MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02766

CERTIFICATE OF DEATH

Reg. Dist. No. 191

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Old Annapolis Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) BLOOM

4. DATE OF DEATH: (Month) Mar. (Day) 10th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 2/20/1856

9. AGE last birthday: 93 yrs. If under 1 year: Months. 0 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Live Stock dealer & Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Henry Bloom

14. MOTHER'S MAIDEN NAME: Rachel Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. William Bloom - Catons Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular disease — 5 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1949, to 3-10, 1949 that I last saw the deceased alive on 3-10, 1949 and that death occurred at 12 noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Burgtorf M.D. ADDRESS

DATE SIGNED 3-13-1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE 3/14/49 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore City Md.

DATE REC'D BY LOCAL REG. 3-13-49 — REGISTRAR'S SIGNATURE: John B. Loughran. Per. B. E. L.

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons - Catonsville, Md.

VS. A15

RECEIVED
MAR 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02767

CERTIFICATE OF DEATH

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup P.O. — LENGTH OF STAY (in this place) 6-0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jessup Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford
STREET ADDRESS (If rural, give location) Jessup Md

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) — (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 49

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1881

9. AGE last birthday: 67 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Govns Balto Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: W Brown

14. MOTHER'S MAIDEN NAME: Isabell Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Alice Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ac. Myocarditis — Interval between onset and death: 10 days.

443 Antecedent cause(s) 93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-Vas. Disease — 1 yr.

(c) Arteriosclerosis. — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19th, 1949, to Mar. 4th, 1949, that I last saw the deceased alive on Mar. 3, 49, and that death occurred at 3 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Shipley, M.D. — ADDRESS Savage, Md. — DATE SIGNED 3/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE March 8 — NAME OF CEMETERY OR CREMATORY: Ascension — LOCATION (City, town, or county) (State): Jessup Md

DATE RECD BY LOCAL REG. 3/8/49 — REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR: The H. C. White Co. — ADDRESS

RECEIVED
MAR 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

BC 12768

CERTIFICATE OF DEATH

Reg. Dist. No. 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY HOWARD — PINEL CLINIC, ELLICOTT CITY — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELLICOTT CITY | LENGTH OF STAY (in this place) 17 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS PINEL CLINIC

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
   STREET ADDRESS (If rural give location) 550 BENNINGHAUS RD. ✓

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) BELVIN (Last) COARD

4. DATE OF DEATH: (Month) MARCH (Day) 26 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Oct. 30. 1886

9. AGE last birthday: 62 yrs. | If under 1 year: Months 4 Days 26 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): grocery - mail

10b. KIND OF BUSINESS OR INDUSTRY: grocery

11. BIRTHPLACE (State or foreign country): Gallinburg, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Coard

14. MOTHER'S MAIDEN NAME: Sallie Wessell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Myrtle Coard 550 Benninghaus Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 Immediate cause (a) HYPOSTATIC PNEUMONIA — Interval between onset and death: 36 hours

112 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) BRONCHIAL ASTHMA. — for 27 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2. 2. 1949, to 3. 25. 1949, that I last saw the deceased alive on 3. 25. 1949, and that death occurred at 4:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving L. Taylor M. D. — Pinel Clinic, Ellicott City Md. — 3-26-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE 3/30/49 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Parkville Md.

DATE REC'D BY LOCAL REG. 3/28/49 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR Wm Cook Inc. | ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02769

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lisbon
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lisbon
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ada	Belle	Cornwell	March 22, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	single	1/14/1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper		Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Cornwell	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		none	Mrs. George Gregg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary Oedama due to	2 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 422.1 932	(b) Chronic Myocarditis	? yrs
	(c) Arterio-sclerotic gangrene left middle toe	6 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to March 22 1949, that I last saw the deceased alive on Mar. 22, 1949, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Stanley Grabill (Degree or title) ADDRESS Mt. Airy, Maryland DATE SIGNED 3/22/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/25/49	Monocacy	Beallsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/49	E. Earl Mercer	William B. Hilton	

VS. A15

RECEIVED
MAR 29 1949
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02770

CERTIFICATE OF DEATH

Reg. Dist. No. 192.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) A (Last) Davis

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1949

5. SEX F

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 22, 1971

9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Marriottsville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Artemus R Zepp.

14. MOTHER'S MAIDEN NAME Sarah E. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Richard Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 hrs

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6/, 1949, to 3/6/, 1949 that I last saw the deceased alive on 3/6/, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) ADDRESS Randallstown DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3-9-49

NAME OF CEMETERY OR CREMATORY Mt View

LOCATION (City, town, or county) Alpha Md. (State)

DATE REC'D BY LOCAL REG. 3/8/49

REGISTRAR'S SIGNATURE Edward Fowler Sub Reg 3rd Dist

24. FUNERAL DIRECTOR F. C. Higinbotham ADDRESS

RECEIVED
1949

02771

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Florence, Md.; LENGTH OF STAY (in this place) 68 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodbine, R.F.D.#2, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Florence, Maryland.; STREET ADDRESS (If rural give location) Woodbine, R. F. D. #2, Md.

3. NAME OF DECEASED (Type or Print): (First) KATHRYN (Middle) (Last) ELLICOTT

4. DATE OF DEATH: (Month) March (Day) 8, (Year) 1949.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: August 24, 1880

9. AGE last birthday: 68 yrs. If under 1 year: Months 6 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ellicott

14. MOTHER'S MAIDEN NAME: Kathryn Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Nurse (If year, give war or dates of service): World War I

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Frank Ellicott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio sclerotic cardio vascular disease — Interval between onset and death: 10 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

422:1
93d

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from March 8, 1949, to March 8, 1949, that I last saw the deceased alive on at times, 1949, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Alpha N Herbert M.D. (Degree or title) DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

ADDRESS Ellicott City Md

DATE SIGNED 3-8-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: March 10, 1949.

NAME OF CEMETERY OR CREMATORY: Ellicott Burial Ground

LOCATION (City, town, or county) (State): Ellicott City, Maryland.

DATE REC'D BY LOCAL REG.: March 1949

REGISTRAR'S SIGNATURE: E. Paul Mercer

24. FUNERAL DIRECTOR: Easton Sons

ADDRESS: Ellicott City, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 11 1949
BUREAU R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02772

Reg. Dist. No. 193

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poplar Springs
STREET ADDRESS (If rural, give location) Rural --Mt. Airy

3. NAME OF DECEASED (Type or Print) (First) RICHARD (Middle) A. (Last) FLUHART

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH Oct. 20, 1854

9. AGE last birthday 94 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Andrew J. Fluhart

14. MOTHER'S MAIDEN NAME Sarah Ingels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Margaret L. Fluhart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility - due to — Interval between onset and death: 2 yrs

Antecedent cause(s) (b) Advanced Arterio-Sclerosis — ? yrs

4-50.0 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Prostatis - benign — ? yrs; Chr. Uremia — 2 yrs

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1949, to March 3, 1949, that I last saw the deceased alive on 3/3, 1949, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE Stanley Grabill (Degree or title) ADDRESS Mt Airy - Md DATE SIGNED 3/3/49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE 3-5-1949

NAME OF CEMETERY OR CREMATORY ~~XXXXXXXX~~ Poplar Springs

LOCATION (City, town, or county) (State) Poplar Springs Md.

DATE REC'D BY LOCAL REG. 3/3/49

REGISTRAR'S SIGNATURE C. Paul Myers

24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield, Md.

RECEIVED
MAR 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02773

CERTIFICATE OF DEATH

Reg. Dist. No. 197

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville; STREET ADDRESS (If rural give location) Henryton Road.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Hackett

4. DATE OF DEATH: (Month) Mar. (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 10-5-1870

9. AGE last birthday: 78 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Henryton, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John O Hackett

14. MOTHER'S MAIDEN NAME: Mary Arrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Louise Hackett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

151 46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of stomach

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1948, to 3/23/1949, that I last saw the deceased alive on 3/20/1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E Martin M.D. Randallstown Md 3/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 3/25/49

NAME OF CEMETERY OR CREMATORY: Mt. View

LOCATION (City, town, or county) (State): Alpha Md

DATE REC'D BY LOCAL REG. 3/25/49

REGISTRAR'S SIGNATURE: Edward F Garvey Sub Reg 3rd Dist Howard Co Md

24. FUNERAL DIRECTOR: F.C. Hyattstown Ellicott City Md

ADDRESS

A. W. Hebb

RECEIVED
APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Registered No. 141

1. NAME OF DECEASED (Type or Print): GENEVIEVE M. LANE

2. DATE OF DEATH: March 18, 1949

3. PLACE OF DEATH: ~~A. Baltimore City~~, Maryland Howard County

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinel Clinic, Ellicott City, Md.

C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. ~~COUNTY~~
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 8 N. Milton Avenue

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Dec. 3, 1884

9. AGE (In years last birthday): 64 ~~65~~ — If Under 1 Year: Months, Days — If Under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------

10B. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul P. Larkay

14. MOTHER'S MAIDEN NAME: Margaret Wash

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): -- (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT: Beruadin Mickey — ADDRESS: 1916 N. Chester St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease.

DUE TO

422.1 93d ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an* Autopsy (Autopsy, Inspection or Inquiry) *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☑, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

23A. SIGNATURE: George G. Merrill M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☑ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED: 3/18/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 3-22-49

24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cem.

24D. LOCATION (City, town, or county) (State): Old Frederick Road

DATE RECEIVED BY LOCAL REGISTRAR: 3/21/49

REGISTRAR'S SIGNATURE: A. W. Hedrick DM

25. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Baltimore St

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

EVIDENCE FOR CHANGE OF
AGE IS ON:
FILM* G119 – 4-6-49 – ALA

02775

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge — LENGTH OF STAY (in this place): 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6209 Old Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkridge Md.
STREET ADDRESS (If rural give location): 6211 Old Washington Blvd

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Marc (Last)
4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12/8/1886
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: For Self
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Andrew Marc
14. MOTHER'S MAIDEN NAME: Julia Zuck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Mr Casimir J. March

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary occlusion — 1/2 hr

Antecedent cause(s) 93d (b) Chr Myocarditis — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) General arteriosclerosis — " "

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Partial Coronary occlusion — 5 yrs ago

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1944, to Mch 22, 1949, that I last saw the deceased alive on Mch 22 1949, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr B B Brumbaugh — ADDRESS: 560 Main St Elkridge — DATE SIGNED: 27 Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/26/49 — NAME OF CEMETERY OR CREMATORY: St Augustines Cem — LOCATION (City, town, or county) (State): Elkridge Md

DATE REC'D BY LOCAL REG.: March 25, 1949 — REGISTRAR'S SIGNATURE: (Miss) E. Bird Williams — 24. FUNERAL DIRECTOR: John J. Cowan & Son — ADDRESS: 90 Collins St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

02776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodstock
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) R (Last) Platt
4. DATE OF DEATH (Month) 3 (Day) 25 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan 4-1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Fareman
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob Platt
14. MOTHER'S MAIDEN NAME Ruth Garriss
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Robert Platt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to 3/25/, 1949, that I last saw the deceased alive on 3/25/, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE Wm. E. Martin (Degree or title) ADDRESS Randallstown, Md DATE SIGNED 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-28-49
NAME OF CEMETERY OR CREMATORY Good Shepherd
LOCATION (City, town, or county) Ellicott City (State) Md
DATE REC'D BY LOCAL REG. 3/28/49
REGISTRAR'S SIGNATURE Edward F. Carey Sub Reg. 3rd Dist Hwd Co Md
24. FUNERAL DIRECTOR F. C. Higinbothom ADDRESS Ellicott City

A.W. Hatt

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 1 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

012777

Reg. Dist. No. 195

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
LENGTH OF STAY (in this place): 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage
STREET ADDRESS (If rural give location): Baltimore Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wheeler	Isaiah	Sherman	March	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	widowed	Oct 26 1865	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Woodstock Virginia	USA

13. FATHER'S NAME: Leni Sherman

14. MOTHER'S MAIDEN NAME: Mary Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Bessie Sherman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hepatitis, Ac.	2 mos.
156 Antecedent cause(s)	(b) Probably - Carcinoma of Liver	6 mos. (?)
46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility	1 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓	✓	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
✓				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
✓			m.		th

22. I hereby certify that I attended the deceased from Dec. 1st, 1948, to Mar. 7, 1949, that I last saw the deceased alive on Mar. 3rd, 1949, and that death occurred at 10 30 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank Shipley	M.D.	Savage Md.	3/6/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 6 1949	Savage Cemetery	Savage	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/49	Frank Shipley	De Witt Donaldson	Laurel, Md.

RECEIVED
MAR 8 1949
BUREAU V. S.

02778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH — COUNTY R F D Woodbine (near Florence) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R D Woodbine
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodbine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Edwin (Middle) Fuller (Last) Wright
4. DATE OF DEATH (Month) March (Day) 18 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Mar.
8. DATE OF BIRTH Mch 22 1882
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Fuller R Wright
14. MOTHER'S MAIDEN NAME Mary E Warfield
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Nellie W Hilton (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar Pneumonia — 3 days

480 Antecedent cause(s)

33a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) La Grippe

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 16, 1949, to Mch 18, 1949, that I last saw the deceased alive on Mar 16, 1949, and that death occurred at 12 40 P m., from the causes and on the date stated above.

SIGNATURE C M Van Poole (Degree or title) M.D. ADDRESS Mt Airy Md DATE SIGNED 3-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3-21-1949 NAME OF CEMETERY OR CREMATORY Jennings Chapel LOCATION (City, town, or county) Florence, Howard Co. (State) Md.

DATE REC'D BY LOCAL REG. 3/21/1949 REGISTRAR'S SIGNATURE E. Pearl Mercier
24. FUNERAL DIRECTOR C. M. Waltz ADDRESS Winfield Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.